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CLAIMS ONLY							Application Number 09/526,299		Filing Date		
							Applicant(s)				
1-4-83							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51				
2		/					52				
3		X					53				
4							54				
5	/						55				
6	/						56				
7	/						57				
8		/					58				
9		/					59				
10		/					60				
11	/						61				
12	/	/					62				
13	/	/					63				
14	/	/					64				
15	/	/					65				
16	/	/					66				
17	/	/					67				
18	/	/					68				
19	/	/					69				
20	/	/					70				
21	/	/					71				
22	/	/					72				
23	/	/					73				
24	/	/					74				
25	/	/					75				
26	/	/					76				
27	/	/					77				
28	/	/					78				
29	/	/					79				
30	/	/					80				
31	/	/					81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	8						Total Indep				
Total Depend	19						Total Depend				
Total Claims	27						Total Claims				